1	2	3	4	5	6	7
West Bengal	3	0	N.R.	N.R.	2	
Chhattisgarh	N.R.	N.R.	N.R.	N.R.	3	25
Jharkhand	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.
Uttaranchal	N.R.	N.R.	N.R.	N.R.	N.R.	N.R.
A&N Islands	0	4	0	0	0	4
Chandigarh	0	0	0	0	0	0
D&N Haveli	0	0	0	0	0	0
Daman & Diu	0	0	0	0	0	0
Delhi	0	78	0	49	—	37
Lakshdweep	0	0	0	0	0	0
Pondicherry	3	2	0	9	0	0
Total:	**146**	**1106**	**145**	**563**	**107**	**927**

Programmes for controlling anaemia

2981. SHRI TARLOCHAN SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the rate of anaemia in the populations in the country alongwith details thereof among adolescent girls, women and children;

(b) what are the causes of such deficiencies;

(c) what are the special measures being adopted by Government; and

(d) whether there is any proposal to treat this at par with successful campaign of his Ministry against Polio?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) According to National Family Health Survey (NFHS)-II, 51.8% of ever married women (15-49 years) were found to have anaemia. In rural areas the rate was 53.1% and in urban areas it was 45.7%. The survey also revealed that 74.3% children in the age group 6-35 months and 56% adolescent girls (15-19 years) were anaemic. The problem of anaemia is more among pregnant women. According to survey conducted by National Nutrition Monitoring Bureau (NNMB) in 2002 in 8 states, the prevalence of anaemia among pregnant women was found to be 75%, lactating women 78%, adolescent girls (12-14 years)-69% and adolescent girls (15-17 years)-70%.

The important causes for widespread anaemia are inadequate intake of iron, inadequate absorption of iron from cereal based diet, inadequate consumption of green leafy vegetables and citrus fruits, frequent pregnancies with shorter intervals, high prevalence of infections and infestations, faulty feeding practices and lack of dietary diversification. Apart from nutritional factors, illiteracy, poverty and general economic and social development have a bearing on the incidence of anaemia among people.

(c) Iron deficiency is a problem of inadequate nutrition. A National Nutritional Policy was formulated in 1993 and the national plan of action on nutrition is being implemented through a number of Departments/ Ministries of Government of India including, amongst others, the Integrated Child Development Services Programme of Ministry of Women and Child Development and the National Rural Health Mission (NRHM) of the Ministry of Health & Family Welfare for improving the nutritional status of pregnant women and children.

Under the Reproductive & Child Health Programme which is a part of NRHM and is being implemented throughout the country, pregnant women and children (1-5 years) are provided with Iron Folic Acid tablets for prophylaxis and treatment of anaemia.

To tackle issues like poverty and general economic development which have a direct bearing on anaemia among people, programmes such as Jawahar Rojgar Yojana, Integrated Rural Development Programme, Indira Awas Yojana and Adult Literacy Programme are being implemented by different departments of agencies of Government of India.

(d) There is no proposal at present to launch a campaign for anaemia at par with the campaign of this Ministry against Polio.

Steps to curb smoking habit

2982. SHRI RAJKUMAR DHOOT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Dr. Charles Warren of Centers for Disease Control and Prevention in Atlanta, Georgia has estimated that global annual deaths from smoking are expected to double by 2020 and that gap between male and female smokers will narrow down;